Dispelling the Stigmas Towards Medicated-Assisted Treatment Among Helping Professionals

Andrew J. Schreier, MA, ICS, CSAC, LPC, ICGC-II

MENTAL HEALTH AND SUBSTANCE USE RECOVERY TRAINING CONFERENCE

"THRIVING IN RECOVERY: SUPPORTING OURSELVES AND OTHERS IN THE JOURNEY"

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Agenda

- Identify some of the stigmas towards medicated-assisted treatment and the impact it has on people seeking/receiving treatment.
- Discuss and review the paradigm shift from how medicated-assisted treatment was viewed in the past and the efforts it strives to make today in fighting the opioid epidemic and other issues related to mental health and substance use.
- Learn the benefits and limitations of medicated-assisted treatment and identify ways to build support and connection with other service providers.

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Stigmas Towards Medicated-Assisted Treatment (MAT)

- Substance use is no stranger to stigmas.
- Using drugs, having a use disorder, addiction as a brain disease, and even the treatment methods for those with a use disorder face stigmas that interfere with the potential to help.
- Medicated-assisted treatment continues to be stigmatized despite being recognized as evidenced-based treatment for opioid use disorder.
- Continue to believe clinics are simply "dose and go" facilities that were associated with the old paradigm model instead of being aware of the comprehensive services offered by many programs.
- Stigmas towards MAT range from individuals, recovery networks, community members and organizations, family members and loved ones, law enforcement, medical professionals, and even those in the helping profession (counselors and therapists).

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Stigmas Towards MAT

"The stigma associated with MAT has been unique in its permeation of community institutions, affecting the attitudes of medical and health care professionals; social services agencies and workers; paraprofessionals; employers, families, and friends of persons who are opioid addicted; and other people who formerly abused substances, as well as influencing criminal justice policies, creating political opposition, and limiting funding and space for OTPS."

Source: SAMHSA Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs (A Treatment Improvement Protocol 43).

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Prior to MAT

- Group Home
- Halfway House
- Residential Treatment Program
- Outpatient Mental Health Clinic

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A Job Offer

- Visit from clinical supervisor
- Call from a colleague
- Letter to support network

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Origins of Stigmas

- Lack of Knowledge: "I don't know much about it."
- Misinformation: "This is what I've heard about it."
- Prejudice: "People who are on MAT aren't in recovery and are just using one drug for another."
- Discrimination: "We don't want anything to do with them unless they are off of MAT."

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Damage Caused By Stigmas

- Not receiving treatment for their opioid use disorder.
- Continue to drive shame.
- Termination early in treatment.
- Termination prior to planned discharge.
- Reduction in treatment options.
- Unable to address other important issues such as medical and mental health.
- Feeling unwelcomed or a sense of not belonging among those who do not use medication.

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Medicated-Assisted Treatment – What is it?

- Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a **"whole-patient"** approach to the treatment of substance use disorders.
- Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.
- Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, *MAT can help sustain recovery*.

Source: https://www.samhsa.gov/medication-assisted-treatment

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MAT– What Does It Do?

- MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates.
- The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol (Naltrexone) and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

Source: https://www.samhsa.gov/medication-assisted-treatment

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What are the Goals of MAT?

- The three FDA approved medications used to treat OUD improve health and wellness by:
  - Reducing or eliminating withdrawal symptoms.
  - Blunting or blocking the effects of illicit opioids.
  - Reducing or eliminating cravings to use opioids.
- The optimum dose of methadone is the dose that accomplishes these goals.
- The science demonstrating the effectiveness of medication for OUD is strong.
  - Methadone & Buprenorphine found to be more effective in reducing illicit opioid use than no medication at all and associated with reduced risk of overdose death.

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Methadone
- Agonist
- Oral

Buprenorphine
- Partial Agonist
- Sublingual, buccal, subdermal implant, subcutaneous extended release

Naltrexone
- Antagonist
- Oral, intramuscular extended-release

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Methadone

Summary
- FDA approved in 1970 utilizing structured "Methadone clinics"

Medication Characteristics
- Long-acting medication: Single daily liquid dose
- Highly Effective in 85-90+% severe opiate addicts (I.V. daily use)
- Most effective form of MAT
- MMT reduces death rates 3-6X, etc.
- Recidivism rate 50-90% off of methadone
- Overdose/Death
  - Off of MMT: estimated OD ~10-22%

Miscellaneous
- Most used medication used in opioid treatment programs (OTP)
- Viewed as gold standard for opiate treatment
- Long-term treatment model approach that is consistent with clinical best practice standards
- Highly regulated and structured environment

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Buprenorphine

Summary
- Suboxone, Subutex, Zubsolv, etc.
- FDA approved 2002

Medication characteristics:
- Long-acting medication: Single daily dose
- As effective as 60mg of methadone
- "Ceiling Effect" – dose increases do not increase effect
- Effective for mild-moderate levels of opiate addiction
- Sublocade is an injectable, long-duration buprenorphine product.

Miscellaneous
- Mostly utilized in office-based setting (OBOT) as alternative to methadone
- Targeted for growing young adult population, mild addiction, rural
- Medication framework not consistent with treatment best practice standards
- 8-hour physician training for prescribing qualification; maximum case load of 275 patients
- No state/federal certification of clinic or counseling required which leads to low treatment retention

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Naltrexone

Summary
- FDA approved 1984 for daily oral administration.

Medication Characteristics
- Pure opiate antagonist
- Not a controlled substance (Not an "opiate")
- No abuse potential
- "New" I.M. route ("Vivitrol" approved 2010)
- Once monthly injection
- Must refrain from opiate use for 7-14 days before use

Miscellaneous
- Preferred patient population include young adult or very early/mild opiate addiction
- Currently being used mostly in criminal justice system
- Outpatient delivery is challenged due to 7-14 waiting period
- Highly motivated patients: physicians, pilots, probationers, parolees under strict monitoring

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Benefits of MAT – 20 Questions Regarding Methadone Maintenance Treatment Research

- Is methadone maintenance treatment effective for opioid addiction?
- Does methadone maintenance treatment reduce illicit opioid use?
- Does methadone maintenance treatment reduce HIV risk behaviors and the incidence of HIV infection among opioid-dependent injection drug users?
- Does methadone maintenance treatment improve the likelihood of obtaining and retaining employment?
- What effect can methadone maintenance have on the use of alcohol and other drugs?
- Is methadone safe for pregnant women and their infants?
- Is the long-term use of methadone medically safe, and is it well tolerated by patients?
- Are there cost benefits to methadone maintenance treatment?

Source: NIDA International Program Methadone Web Research Guide

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Support for MAT

"Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. "

- Source: SAMHSA (https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat)

"Medications, including buprenorphine (Suboxone®, Subutex®), methadone, and extended release naltrexone (Vivitrol®), are effective for the treatment of opioid use disorders. Buprenorphine and methadone are "essential medicines" according to the World Health Organization."

- Source: NIDA (https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction)

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Additional Support

- ❖Substance Abuse and Mental Health Services Administration (SAMHSA)
- ❖National Institute on Drug Abuse (NIDA)
- ❖American Society of Addiction Medicine (ASAM)
- ❖World Health Organization (WHO)
- ❖American Medical Association (AMA)
- ❖U.S. Food & Drug Administration (FDA)
- ❖National Council for Behavioral Health
- ❖SMART Recovery
- ❖American Nurses Credentialing Center (ANCC)

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Medicated-Assisted Treatment

- What MAT Is
- What MAT Does
- Goals
- Benefits
- Support

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Methadone

- "Chief Enabler" or "Scapegoat"

Buprenorphine

- "Lost Child"

Naltrexone

- "Family Hero"

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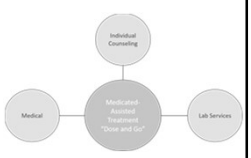
Old Paradigm of "Dose and Go" Clinics

- Commonly known as "juice bars" to people who have worked in MAT for decades.
  - "People can just go there and ask for whatever dose they want."
  - "Patients can leave there with multiple take-homes and still be using all the time."
  - "They don't have to participate in any counseling or anything."



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Stigmas About MAT

"They don't want help."

"They are trading one drug for another."

"Other substance use is ignored."

"MAT increases the risk of overdose."

"Their dose is too high."

"They keep them their too long."

"There is going to be more crime."

"People on MAT don't change."

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"They don't want help."

- People with substance use have difficulty in relation to asking for help.
- They often ask for help when in desperate and dire situations.
- Most patients come to our clinic voluntarily.
- Even though they may be running out of options, money, or places to stay; they still chose to come to us before other circumstances or forces are in place.
- They may not want individual or group counseling, but they know they need help.
- *"Fear will get people into treatment, but fear alone is not enough to keep them in recovery."*

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"They are trading one drug for another."

In contrast to short-acting opioids such as heroin, methadone:

- is more effective orally; taken orally, methadone is slower acting than injected heroin (30 minutes for effect vs. immediate effect).
- does not cause a "high" or drowsiness (in stabilized clients)
- does not cause impairment in thinking, behavior or functioning
- does not dull normal emotions and physical sensations
- diminishes opioid craving
- reduces the likelihood of a heroin-induced "high," should the client use heroin
- will continue to be effective with long-term use without dose increases
- is medically safe
- is longer acting than heroin (24 to 36 hours vs. three to six hours) and is administered less often (once a day vs. three or more times a day)
- decreases drug-seeking behavior (U.S. Department of Health and Human Services, 1995).

From: Chapter 3: The Fundamentals of Methadone Maintenance Treatment, in Methadone Maintenance (© 2003).

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"Other substance use is ignored."

- It is important to note that the medication has no direct effect and is not intended to have an effect on rates of other drug use.
- My experiences with people asking for help as a substance use and professional counselor.
- Joining a person where they are as opposed to where we want them to be.
- I can't wait around for everyone to be abstinent from substances to ask for help.
- What is the likelihood someone is going to show up with only using opiates or showing up to address other illicit use (such as cocaine or marijuana)?
- We can utilize treating their opioid use to open the door to address other substance use.
- People are saying they need help with the opioids and that is a good as any place to start.

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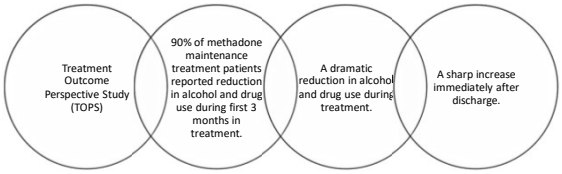
"Other substance use is ignored."



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"MAT increases the risk of overdose."

- MAT helps to prevent overdoses from occurring.
- Prison system data point to the benefit of MAT in reducing deaths. The risk of opioid overdose death for people shortly after leaving prison is significantly greater compared to that of the general population. After Rhode Island broadly implemented the use of MAT in its jail and prison system, overdose death rates after release dropped by 61%.
- Treating opioid overdose survivors with buprenorphine or methadone was linked to a 40% to 60% drop in mortality 1 year later, but the treatments were significantly underused, an observational study found.

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"Their dose is too high."

- The optimum dose of methadone is the dose that accomplishes the goals of MAT.
- Studies of long-term administration of methadone confirm that it is a medically safe drug.
- Methadone has few adverse biological effects. Methadone sometimes causes minor side effects (sweating, constipation, weight gain, water retention). Side effects often occur early on when dose is first established and generally subside or diminish over time.
- Methadone prescribed in high doses for a long period of time has no toxic effects and only minimal side effects.

"Dosages should be determined like in any other field of medicine, based on what the patient is responding well to," he said. "There's no moral judgement as to how much penicillin one uses to treat gonorrhea, and there shouldn't be any moral judgments as to how much methadone a patient is receiving if the result is satisfactory."

- Dr. Robert Newman

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"They keep them there too long."

- "Many clinicians think they should prescribe only for time-limited periods, due to stigma and outdated beliefs that patients using medications for OUD are not in 'true recovery,'" Arthur Robin Williams, assistant professor of clinical psychiatry at Columbia University, said in a press release.
- To reach their findings, researchers examined the Medicaid claims data of nearly 9,000 patients between ages 18 and 64 who received continual MAT treatment for six to 18 months.
- The paper concludes that the longer patients continue MAT treatment, the lower their risk of adverse outcomes.
- In fact, short-term MAT recipients are far more likely to overdose after they cease treatment, the researchers found.
- Those findings suggest MAT services should be continued long-term, as previous studies suggest the risk of dying by opioid overdose drops by up to 70% while receiving buprenorphine treatment.

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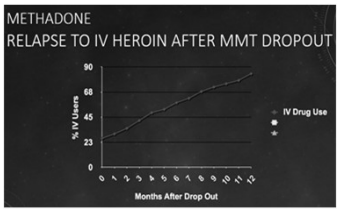
"They keep them their too long."



This graph shows the relapse rate to I.V. heroin use for Methadone Maintenance patients who dropout or terminate their treatment prematurely. As you can see after approximately one year 82.1% of patients relapsed to I.V. heroin. (Ball & Ross, 1991)

Retention is key to improved outcomes.

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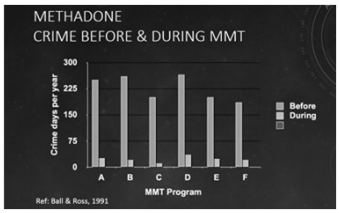
"There is going to be more crime."



This slide shows the number of days per year for patients before and after engaging in MMT.

As you can see, the number of days per year untreated heroin addicts engaged in crime was 180- 250 days or more per year. During treatment with methadone, crime days dropped dramatically to less than 30 days per year.

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"People on MAT don't change."

- What hope does this leave to people seeking treatment?
- What hope would that leave for their family members and loved ones who are scared the next phone call will be notifying them of a fatal overdose?
- What hope would that leave for any counselor, nurse, doctor, or staff who is working in that particular kind of treatment environment?
- People on MAT CAN and DO change.
- Solely focusing on those who continue to struggle can create a blind spot in seeing those who have been able to successful maintain sobriety from opioids and other illicit substances and fully engage in recovery.

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Truths About MAT

"They need help."

"They are taking prescribed medication."

"Other substance use can be addressed and reduced/eliminated."

"MAT reduces overdose risks."

"The optimum dose is what helps them reach the goals of MAT."

"Retention is key to success of remaining abstinent and preventing overdoses."

"Crime is reduced."

"People on MAT CAN change."

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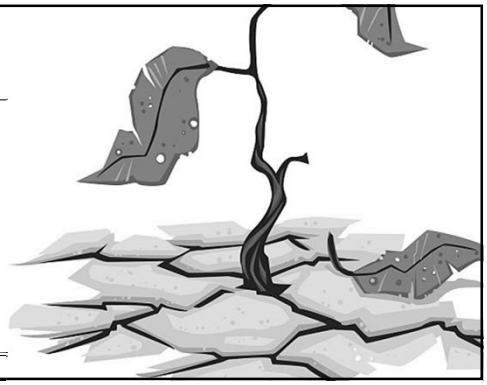
How MAT Can Help Those with OUD



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What MAT CANNOT Do

- Change thinking
- Build a support network
- Disconnect from old using peers
- Connect with new, recovery-oriented peers
- Develop ways of managing emotions
- Learn and use new coping skills
- Assist in mental health needs
- Address trauma-related issues
- Heal other physical health issues related/not-related to drug use
- Develop positive habits and activities
- Repair trust damaged by drug use

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Comprehensive Treatment Model

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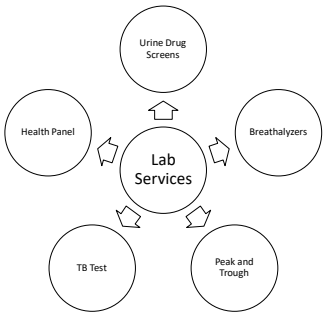
Comprehensive Treatment Model



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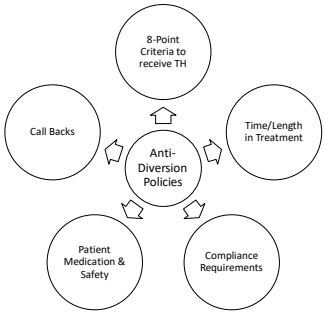
Comprehensive Treatment Model



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MAT can help stop the plant from dying; but it doesn't automatically make it grow.

Our additional services help address the limits of what medications can't do.

An individual who solely relies on medication may achieve abstinence but will likely struggle with ongoing recovery.

An individual who takes their medication and engages in other treatment services will see the potential endless possibilities for their recovery from substance use disorder.

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Patients in OTP Receiving MAT in Wisconsin Acadia Clinics*

- Waukesha CTC = 430 patients
- Region 14: Southeastern Wisconsin = 3,700 patients
- In the state of Wisconsin = 5,085 patients
- Those are a lot of individuals seeking help for their opioid use disorder in outpatient treatment programs.
- There are also a lot more individuals who need help and aren't receiving it.
- Where would all these individuals go?

**As of September 1st, 2020*

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Stigmas About Other Ways People Get Help

Counseling/Therapy
- "Talking about your problems doesn't help."
- "People who go to counseling/therapy are weak."

Support Meetings
- "There are some good people there but be careful with the big book thumpers."

Church
- "You better get good with God before you go."

Models of Therapies & Techniques
- "That's just the newest fad going on right now."

Medications
- "They aren't really sober if they take medications."
- "People who take medications are crazy."

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Outreach, Referrals & Collaborations

- *"You can't do this is on your own"* is a message often reiterated when it comes to someone with a substance use disorder getting help.
- As helping professionals we can't do it on our own either.
- We need collaboration among anyone that can potentially help the people we serve and treat.
- There are going to be times when we need your help, and you will need ours.
- We need to work together in a collaborative effort to provide the best-patient care to individuals who may need more help then we can provide individually.

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A Letter to Support Network

- Questioned if I could work in a "methadone clinic." Doubted if people wanted help and if the professionals were helping.
- Fortunate enough to work alongside many clients over the years who were abstinent and traveling on the road to recovery.
- Everyone who has a substance use disorder will not always be traveling the road of complete abstinence or even recovery. Some will come to us in the throes of their addiction.
- If an individual is willing to sit down in my office, there is chance that I can help them in my role as a counselor with their substance use.
- People with substance use disorders need help; because 115 Americans die every day from an opioid overdose.
- Provide clinical supervision for 9 counselors and over 430 patients seeking help for their opioid use disorder.

Written on 1/27/2018

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Further Research

- Medications for Opioid Use Disorder: *For Healthcare and Addiction Professionals, Policymakers, Patients, and Families*. TIP 63.
- Medicated-Assisted Treatment (MAT) https://www.samhsa.gov/medication-assisted-treatment
- Effective Treatments for Opioid Addiction https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction

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When Someone Seeks Help

- People who seek substance use treatment come from dark places.
- They have often tried doing things on their own with unsuccessful attempts to stop.
- When it comes to addiction, people come to treatment as a last resort before ending up in a hospital bed, the back seat of a squad car, or in the morgue.
- As helping professionals we need to hold the doors open to ANY kind of support services they are willing to get help from and praise them for their decision to be here.
- We need to ask them how we can help, offer whatever support and services we have, and treat them in a way that aids them in believing that with our help they can heal and get better.

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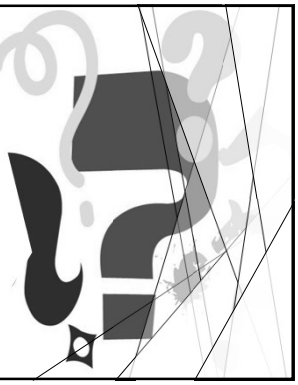
Conclusion

- ❑ Any Questions?
- ❑ Contact Information
  - ✓ Waukesha Comprehensive Treatment Center
  - ✓ andrew.schreier@ctcprograms.com



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